



**Board of
Developmental
Disabilities
Services**

A Human Services

Levy Funded Agency

FAMILY SUPPORT SERVICES PROGRAM GUIDELINES

January-December 2020

***Family Support Services Program (FSSP)
is a component of the
Residential and Family Services Department***

Services are administered by

Southwestern Ohio Council of Governments (SWOCOG)

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The mission of the Southwestern Ohio Council of Governments is to provide support and solutions to county boards of developmental disabilities through cost-effective shared services that deliver value, satisfaction, and maximization of resources.

TABLE OF CONTENTS - Information on services is listed below alphabetically.

I.	Allocations	Page 3-4
II.	Appeal Process	Page 10
III.	Denials	Page 10
IV.	Description of forms	Page 12
V.	Eligibility	Page 3
VI.	Emergency Procedures	Page 9
VII.	Fees Not Covered and/or Reimbursed	Page 10-11
VIII.	Fraud Alert	Page 11-12
IX.	Overview	Page 3
X.	Redetermination of Eligibility	Page 3
XI.	Reimbursement Procedures	Page 9
XII.	Services	Pages 4-8
	Adaptive Equipment & Hand Held Devices/iPads	Page 6
	Board Sponsored Recreation	Page 8
	Camps	Page 5
	Counseling, Training, Education & Therapy	Page 7
	Diapers	Page 8
	Home Modifications	Page 6
	Respite Care (in and out of home)	Page 4-5
	Special diets/supplements	Page 7
XIII.	Vendor and Provider Approval	Page 8-9
XIV.	Where Do I Submit My Requests	Page 4

OVERVIEW

These procedures shall establish guidelines for the distribution of Family Support Services Program (FSSP) funds through the Southwestern Ohio Council of Governments (SWOCOG) for the period January 1 through December 31, 2020 for Montgomery County Board of Developmental Disabilities Services (MCBDDS).

The FSSP provides funding for supports and services to families living in Montgomery County caring for a family member with developmental disabilities living at home with their parent, guardian or primary caregiver.

Individuals living in licensed or certified residential facilities, foster homes, group homes, semi-independent, or independent are not eligible to receive funding from the FSSP. Foster families are not eligible.

ELIGIBILITY

The MCBDDS Intake and Eligibility Division determines eligibility for the FSSP. For more information, please contact one of the below.

1. Age birth to 5 years – (937) 258-1446
2. Age 6 years and up – (937) 457-2888

The Intake and Eligibility Division notifies the family of their determination. Upon request, a *COG referral form completed by I&TS or E/SSA*.

When the individual is enrolled in the FSSP, a Welcome Packet is sent to the family, which contains a letter pertaining to the individual's allotment, explanation of program, forms and contact person.

REDETERMINATION OF ELIGIBILITY

When the eligible individual with a developmental disabilities reaches one of the "milestone" ages (i.e. three years old, six years old, and sixteen years old) or at completion of schooling, the Intake and Eligibility Division will contact the family to redetermine eligibility. The Intake and Eligibility Division will notify the family and the FSSP office of their redetermination.

PLANNING AND BUDGETING RESOURCES

Families are required to utilize private insurance, Medicaid and Medicare prior to requesting FSSP. Failure to utilize private sources first could result in denial of requested FSSP funds. During the planning process, families should prioritize which services and supports are most essential and utilize FSSP funds to work in concert with natural supports when feasible.

ALLOCATIONS

The FSSP operates on a calendar year January 1 through December 31. Allocations may vary from year to year based on the availability of funds. For the year 2020, the allocation to individuals will be \$1500.00 with the exception of individuals' age six to eighteen, they may access another \$500.00 for summer camp or respite from June 1 through August 31.

An Allocation does not mean that the FSSP has this amount of money set aside for each family or individual. It does mean that a family may have the opportunity to use up to this amount if it is available when you have a need. The funds are not an entitlement and are based on first-come first-served.

To be assured of reimbursement, the family must obtain the estimated cost and prior approval of the expenditure before agreeing to services or signing a contract with a provider.

Families are encouraged to access all avenues of funding prior to submitting a request for funding through the FSSP.

WHERE DO I SUBMIT MY REQUESTS

Requests for the Family Support Services Program can be submitted by mail to: Southwestern Ohio Council of Governments 412 S. East Street, Lebanon, Ohio 45036 or can be faxed to (855) 763-3050 or emailed to Sandy.Schutte@swocog.org. Any questions relating to the FSSP can be directed to Sandy Schutte at (513) 559-6800.

Families may also contact their family member's assigned support staff, (*Intake & Transition Specialist or Eligibility and Service and Support Administrator*) for assistance.

For Individuals age birth to five (PACE, Early Intervention and Pre-School), please contact one of the below Intake and Transition Specialists (I&TS).

Rhonda Norman	937-910-7353	Wynette Blacknell	937-910-7355
Kathleen Yohn	937-910-7354		

For Individuals age six and up (School Age and Adults), please contact one of the below Eligibility/Services and Support Administrators (E/SSA).

Jane Vlahos	937-654-9390	Monica Barbour	937-654-9421
Tracey Schalk	937-546-2523	ShaNiece Childs	937-654-9403
Jordan White	937-546-4174		

SERVICES

This section lists reimbursable services that are available through the FSSP. When requesting items or services, through FSSP, the item or service must be submitted on a REQUEST for VOUCHERS FORM and approved by the FSSP prior to a purchase or service taking place. Some Services may require a VERIFICATION OF NEED FORM to be submitted with the REQUEST for VOUCHERS FORM, please reference criteria under each service. Services or purchases taking place prior to approval or enrollment by the FSSP will not be paid and/or reimbursed.

- **RESPITE CARE** – daycare, childcare, babysitting, latchkey, & companion care. Respite care may be provided in the family home or in an out of home setting. A certified and approved provider, a family chosen provider or an agency can provide it. Respite care should not be done during school or day program hours. Tuition at private schools or special education/tutoring services is not eligible for funding.

A Request for Vouchers form must be completed for respite care prior to providing services. When approved, the family will receive a voucher. Families using family selected providers will also receive a Timesheet to document hours; services must be provided before the Voucher and Timesheet are returned for payment.

Hourly Unit Rate – The maximum hourly rate paid is \$20 for one client, \$30 for two clients, and \$40 for three clients. The hourly rate is used for services up to 12 hours a day and is negotiated between the family and family selected provider.

Day Unit Rate – The maximum day rate paid is \$175 for one client, \$225 for two clients, and \$250 for three clients. The day rate is used for 13 or more hours of continuous service and is negotiated between the family and family selected provider.

Please Note: Families have the option to pay their providers a lower rate than listed above. It is to your benefit to pay less per hour and per day than the maximum so that your funding covers more respite care.

A family selected provider is someone you wish to establish as a respite provider for your family. The only restrictions in choosing the provider are:

1. The individual cannot be someone living in the same household as the family and/or the eligible individual needing service,
2. The individual cannot be a non-custodial parent or primary caregiver, and
3. The individual must be eighteen years of age or older.

Each family selected provider must complete a family provider application; the family is also required to complete a family waiver; the family must sign both forms. The provider must also complete a W-9 Taxpayer's Identification and Certification form if receiving payment.

The family selected provider works for the family, and is not employed by the FSSP, the MCBDDS or the SWOCOG. The family selected provider is self-employed and is responsible for any taxes incurred from payment from the family and/or the FSSP.

The family selected provider who receives payment from the FSSP via the SWOCOG is required to file taxes with the Internal Revenue Service. The SWOCOG will automatically send a family selected provider, who received payments totaling \$600.00 or more in a calendar year (January-December), a 1099 form. This form is used to file taxes and a copy will be sent to the Internal Revenue Service. A family selected provider, who receives payments of \$599.00 or less, must contact the SWOCOG for a financial disclosure statement.

- **CAMPS** – Allocations may be used to pay for the cost of camp. A Request for Vouchers form must be completed for camp prior to the individual attending camp. A Voucher will be mailed to the family. If you are participating in a camp/program that does not accept the Voucher, Family Support Services Program will issue a check to the camp or reimbursement to the family. **Please Note:** Families paying for camps before obtaining prior approval will not be reimbursed.

- **ADAPTIVE EQUIPMENT & HAND HELD DEVICES/iPADS**– All requests must be submitted by completing a **VERIFICATION OF NEED FORM**. Requests for funding adaptive or special equipment must also include a written recommendation from a medical professional with appropriate credentials working with the individual. The request must also include a quote that includes the name of the provider, a description of the item requested and the cost of item(s). Make sure to include any shipping, etc. if applicable. All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG’s vouchers or checks.

Hand held devices such as iPads may be considered for individuals age six and up required for communication. FSSP will consider funding these devices and software applications that:

- Meet an assessed need by a professional, i.e.; Speech therapist.
- Can be functionally utilized by the individual with a disability making the request
- Provide benefit to the individual or assist in the development or delivery of programmatic services as related to their developmental disability
- Are not for the purpose of meeting an educational need or service.

Families may request funding for adaptive toys that require switch interface and are therapy based, up to two hundred and fifty dollars (\$250) per year.

We may require proof the equipment is not covered by your private insurance, Medicaid, or Medicare before approving the request.

- **HOME MODIFICATIONS** – A home modification would be any addition to or modification of the family’s living environment that would specifically aid in caring for the developmentally disabled individual. The most commonly required type of modifications may include, but may not be limited to ramps, bathroom modifications, grab bars, bath rails, widening of doorways and stair lift installation. Modifications must be adaptive in nature. Basic house maintenance, repairs, home additions, or expanding the overall square footage of the home are not funded. Modifications to rental property are reviewed on a case-by-case basis and may require written permission from the landlord.

All requests must be submitted by completing a **VERIFICATION OF NEED FORM** and must include a written recommendation from any doctor or therapist working with the individual. The request must also include a quote that includes the name of the provider, a description of the item requested and the cost of item(s) or service(s). All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG’s vouchers or checks.

- **SPECIAL DIETS** – Requests for funding for Special diets and supplements must be prescribed by a physician and is not your typical formulas such as: Isomil, Enfamil, Go and Grow Soy, Osmolite, Polycose, etc. Funding may be considered for individual over age one.

All requests must be submitted by completing a VERIFICATION OF NEED FORM and a REQUEST for VOUCHERS FORM. The request must also include a recommendation from a therapist or doctor and a quote that includes the name of the provider, a description of the item requested and the cost of item(s). If this is an on-going need, the initial VERIFICATION OF NEED FORM will remain on file and you will not need to file a new form each time you request additional supplies.

All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks. We have an account with Kroger so we can issue vouchers for Kroger as an option.

- **COUNSELING, TRAINING, EDUCATION, and THERAPY**–FSSP may fund registration costs for conferences, workshops, seminars, sign language classes or training sessions to the individual, and/or family member(s), which will aid the family in providing proper care for the individual (i.e. training seminar in behavior management techniques). Travel costs (i.e., plane fare, motels, meals, etc.) are not eligible for funding. A licensed or certified professional must provide services. Brochures and a description must be attached to the funding request form. Tuition at private schools or special education/tutoring services is not eligible for funding.

The FSSP will consider the following therapies: Applied Behavior Analysis, Equine/Hippo therapy, music therapy, occupational therapy, physical therapy, and speech therapy. Families requesting funding for therapy must have a referral from a recommending therapist that indicates the therapeutic need and benefit. Therapy must be offered in a non-educational setting or the family's home. Services must occur outside of typical school hours including extended school year. Organizations and/or centers providing equine therapy must be accredited and licensed. (Riding lessons for recreational purposes will not be approved). Tuition at private schools or special education/tutoring services is not eligible for funding.

All requests must be submitted by completing a VERIFICATION OF NEED FORM and a REQUEST for VOUCHERS FORM. The request must also include a recommendation from a therapist or doctor.

If this is an on-going need, the initial VERIFICATION OF NEED FORM will remain on file and you will not need to file a new form each time you request additional services.

All requests will be handled as a reimbursement to the family unless the provider accepts SWOCOG's vouchers or checks.

- **DIAPERS** – The FSSP will fund diapers if the individual is age 3 or older. All requests must be submitted by completing a REQUEST for VOUCHERS FORM. The FSSP will assist in funding disposable diapers such as Pull-ups, Depends, Poise, training pants, bed pads, and cloth diapers.

We may require proof the incontinent supplies are not covered by your private insurance, Medicaid, or Medicare before approving the request.

Please be reminded that you must be approved and receive your Voucher before purchasing diapers. There are two options in requesting diapers.

Option 1 - A family can request to be a vendor to receive reimbursement by completing a W-9 Taxpayers Identification and Certification form. Once approved as a vendor, the family can submit a Request for Vouchers form. Upon receipt of the Voucher, the family can purchase diapers from a store or company (including online companies) of their choice, pay for the diapers and return the receipt for reimbursement with the Voucher (*it is required that the receipt be for diapers ONLY, no other items should be on the receipt*).

Option II - A family can submit a Request for Vouchers form for one of the approved vendors as indicated below:

- a. **Duraline Medical Products** – Upon receipt of the Voucher, the family will need to contact Duraline and set up an account, inform them of their approval, order the diapers, and mail the Voucher to Duraline. Duraline will ship diapers to the family’s home and send the invoice and Voucher to the Family Support Services Program for payment.
 - b. **Kroger** – Upon receipt of the Voucher, the family will need to take the Voucher to any Kroger store and purchase their diapers. **Please purchase them separately from your regular groceries.** The family will sign the Voucher and give to the cashier/teller. Kroger will send receipt and Voucher to the Family Support Services Program for payment.
- **Board Sponsored Recreation Events or Activities** – Individuals enrolled in the FSSP can request funding for activities and/or events sponsored by the Recreation Department. The Recreation Department prints a “Recreation and You” booklet for Adults and a “Recreation and Fun” booklet for children, which includes a registration form that indicates what activities and/or events can be funded through the FSSP. Families must have funds available on their FSSP account. Please follow the instructions on this form and submit to the Recreation Department or contact them at (937) 918-2110 for assistance.

VENDOR and PROVIDER APPROVAL

If the family or family member is requesting reimbursement or payment to a company, organization, agency, daycare, etc. - the company, organization, agency, and/or daycare will

need to complete the W-9 Taxpayers Identification and Certification Form prior to using services and/or purchasing services to become an approved vendor. A family utilizing services and/or purchasing services and/or items by their own arrangements without obtaining prior approval as required shall not be reimbursed by the FSSP.

REIMBURSEMENT PROCEDURES

Families approved for services and submitting invoices against their Vouchers will be paid within ten (10) calendar days of receipt of invoice. Payments will be made by the SWOCOG) on behalf of MCBDDS.

EMERGENCY PROCEDURES

Emergency Requests - An individual or family in an emergency situation shall receive first priority for services. An emergency status means an individual is facing a situation that creates for the individual a risk of substantial self-harm or substantial harm to others if action is not taken within thirty (30) days. Emergencies may result from, but is not limited to one or more of the following:

1. Unexpected hospitalization, sickness, death, etc.
2. Loss of present residence for any reason, including legal action.
3. Loss of present caretaker for any reason, including serious illness of caretaker, change in caretaker's status or inability of the caretaker to perform effectively for the individual.
4. Abuse, neglect or exploitation of the individual.
5. Health and safety conditions that pose a serious risk to the individual or other immediate harm or death.
6. Change in emotional or physical condition of the individual that necessitates substantial accommodations that cannot be reasonably provided by the individual's existing caretaker.

Emergency requests can be called into the Department of Safety and Protection during regular office hours 8:30am to 4:30pm. After office hours and weekends calls will be directed to the answering service "HelpLink". The emergency number is **(937) 457-2765**. Please provide your name, phone number where you can be reached, and a brief description of the emergency to the answering service. An on-call staff member will return your call.

Please Note: An acceptance of an emergency request does not mean that it will be approved. Other factors pertaining to the approval status of a provider, family, agency, company, or organization and/or the service requested will still apply.

APPEAL PROCESS

If a family is denied reimbursement for a service and is not in agreement with the decision made by the FSSP, the family may request an administrative review of the decision. A copy of Board Policy IX.111 Administrative Resolution of Complaints is available upon request or can be downloaded from the website: www.mcbdds.org.

DENIAL – Services can be denied to a family for any of the following reasons:

1. The family, custodial parent or guardian is not a resident of Montgomery County.
2. The individual is not county board eligible or the family refuses assessment to determine eligibility.
3. The individual is residing in a residential facility, group home, foster home, independent or semi-independent living arrangements.
4. The person with a developmental disability does not reside with a family member.
5. The family has exceeded the maximum annual reimbursement.
6. The requested service is not directly related to improving the living environment or facilitating the care of the person with a developmental disability.
7. The potential provider or vendor is not approved or a provider and/or vendor is not available.
8. Funds are not available according to the MCBDDS Plan or have been restricted or eliminated due to limited funding.
9. The request is for an item or service that is needed for a school related or Adult Day Habilitation program i.e. fees, supplies, vocational modifications, etc.
10. The family did not follow the procedures for requesting a service or did not make the request prior to the service being delivered.
11. It has been determined that it is not safe for the individual to utilize the item(s) being requested.
12. Fraudulent Activity

FEES NOT COVERED AND/OR REIMBURSED

- Requests that have not been approved by the Family Support Services Program.
- In kind contribution made by the family, such as meals, mileage, transportation, clothing, social activities, etc.
- Supplementing staff at camps, hospitals and other agencies providing respite or similar services.

- Fees for membership (health spas, gym, fitness class, organizations) or subscriptions.
- Recreation or leisure equipment (typical items such as bicycles, swings, tricycles, vehicles, etc.) Adaptations to the item and/or item adapted by design may be considered.
- Recreation activities (swimming, horseback riding lessons, field trips, karate, aquatic, video gaming, admission prices etc.)
- Daily needs/items (colostomy, ostomy, etc.)
- Equipment and/or services covered by Insurance, Waivers, Medicare, Medicaid, Bureau for Children with Medical Handicaps or other medical plans. Family's deductibles and co-pays may be considered for items that are funded by the Family Support Services Program.
- Regular child items (strollers, high chairs, car seats, etc.) Adaptations to the item and/or item adapted by design may be considered. Diapers for children three years or older may be considered.
- Medical bills and supplies (co-pays, treatment, medication {prescription or non-prescription} vitamins, tubes, gauze, syringes, G-tubes, etc.).
- Furniture, household goods
- Transportation (bus, cab/taxi, etc.)
- Eye Glasses and Vision Services
- Dental and Dental Services
- Applied Behavior Analysis, rehabilitation therapy, chelation, ionic cleansing or therapy done in school setting
- Rent, mortgage payments, utility bills, water bill, automobile repairs, house repairs, electrical, plumbing, fences, home alarm system, air conditioners, gas or fuel, etc.
- Taxes or Fines (city, state, real estate, taxes on purchases, etc.)
- Other: Testing, psychological services, oxygen, day services, pharmacy, physicians services, rehabilitative services, day treatment programs, medical clinic, mental health, hearing, hospital services, laboratory services, long term care, dialysis, durable medical equipment used for medical purposes.

Please Note: This is not an exhaustive list.

FRAUD ALERT

The MCBDDS recognizes the value and importance of families using funding through the FSSP to support services for their son(s) and daughter(s) and we appreciate those families who have used the FSSP as intended. However, we occasionally run into situations where funds are being misused or not used for the intended purpose.

This alert is a reminder that we do look at the way public dollars are spent and we find people who misrepresent services, billing for services not actually provided, submitting false statements regarding addresses, family selected providers, relationship to eligible individual, etc.

MCBDDS maintains a system for the reporting of fraud including misuse of public money. It is our mission to promote and maintain the integrity of the MCBDDS through prevention, early detection, investigation, enforcement and recovery of improper use of funds.

The Provider Compliance Department has been designated to ensure ongoing monitoring and conformance with all legal and regulatory requirements in regards to fraud, fiscal mismanagement, and misappropriation of funds.

Fraudulent Family Support Services activity is a public record because the MCBDDS is a public county agency. Public record means record kept by a public office, including but not limited to State, County, City, Village, Township, and School District Units, but also by the non-profit or for profit entity. MCBDDS and the programs provided are non-profit. The records of these agencies are open to the public.

DESCRIPTION OF FORMS-MCBDDS

PROVIDER ONLY – family will be reimbursed

- Provider Information and Family Waiver

PROVIDER AND VENDOR – payment to be made to family selected provider

- Provider Information and Family Waiver
- W-9 Taxpayers Identification Number and Certification

FAMILY – To be completed by the family who is requesting reimbursement

- W-9 Taxpayers Identification Number and Certification

VENDORS (such as daycares, companies, organizations, agencies, etc.)

- W-9 Taxpayers Identification Number and Certification

REQUEST FOR VOUCHERS FORM

- To request services for: Respite; Camp; Therapy*; Counseling, Training and Education*; Diapers; Special Diets* (**must have recommendation on file; if no recommendation use Verification of Need form and complete Request for Vouchers form*)

VERIFICATION OF NEED FORM

- Therapy; Counseling, Training, and Education, Special Diets**
(** No recommendation on file; if new request complete this form, attach recommendations and complete the Request for Vouchers form)
- Adaptive Equipment, Switch Toys, Home Modifications
- iPads – reference guidelines for tablet and handheld device funding requests

VOUCHER- generated by SWOCOG and submitted to the family